

**MORRISON | FOERSTER**

425 MARKET STREET  
SAN FRANCISCO  
CALIFORNIA 94105-2482  
  
TELEPHONE: 415.268.7000  
FACSIMILE: 415.268.7522  
  
WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.,  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS

<b>TO:</b>	<b>FACSIMILE:</b>	<b>RECEIVED CENTRAL FAX CENTER NOV 03 2006</b>
<b>Central Fax US Patent and Trademark Office</b>	<b>(571) 273-8300</b>	

**FROM:** MICHAEL R. WARD  
Reg. No. 38,651

**DATE:** November 3, 2006

<b>Number of pages with cover page:</b>	<b>4</b>	<b>Preparer of this slip has confirmed that facsimile number given is correct: MRW1/8693/lxo3</b>
---	----------	---

**Comments:**

**Attorney Docket No: 500862001520**

U.S. Patent Application Serial No. 09/623,533

For: LONG LASTING FUSION PEPTIDE INHIBITORS OF VIRAL INFECTION

By: Dominique P. BRIDON

Examiner: J. Parkin Art Unit: 1648

Our Reference: 50086-20015.20

**DOCUMENTS ATTACHED:**

1) Request For Withdrawal As Attorney Or Agent And Change Of Correspondence Address,  
in triplicate, 3 pages

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

\*\*\*\*\*

**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

sf-2205753

PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/623,533
	Filing Date	September 5, 2000
	First Named Inventor	Dominique P. BRIDON
	Art Unit	1648
	Examiner Name	J. Parkin
	Attorney Docket Number	500862001520

RECEIVED  
CENTRAL FAX CENTER  
NOV 03 2006

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.


The reasons for this request are:

The practitioners have been discharged by the client. The client has requested transfer to new counsel.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
 2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:   
 OR

<input checked="" type="checkbox"/> Firm or Individual Name	Adriane M. Antler, Ph.D. Jones Day		
Address	222 East 41 <sup>st</sup> Street		
City	New York	State	NY
Country	USA		
Telephone	212/326-3939	Email	
Signature			
Name	Michael R. Ward	Registration No.	36,651
Date	November 3, 2006	Telephone No.	(415) 268-6237

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-9300, on the date shown below.

Dated: November 3, 2006

Signature: 

LILIA OLSEN

SF-2211320

PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/623,533
	Filing Date	September 5, 2000
	First Named Inventor	Dominique P. BRIDON
	Art Unit	1648
	Examiner Name	J. Parkin
	Attorney Docket Number	5Q0862001520

RECEIVED  
CENTRAL FAX CENTER  
NOV 03 2006

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.


The reasons for this request are:

The practitioners have been discharged by the client. The client has requested transfer to new counsel.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
 2. ☒ Change the correspondence address and direct all future correspondence to:  
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Adriane M. Antier, Ph.D. Jones Day		
Address	222 East 41 <sup>st</sup> Street		
City	New York	State	NY
Country	USA		
Telephone	212/326-3939	Email	
Signature			
Name	Michael R. Ward	Registration No.	38,651
Date	November 3, 2006	Telephone No.	(415) 268-6237

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 3, 2006

Signature: 

LILIA OLSEN

SF-2211320

PTO/SB/83 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/823,533
	Filing Date	September 5, 2000
	First Named Inventor	Dominique P. BRIDON
	Art Unit	1648
	Examiner Name	J. Parkin
	Attorney Docket Number	500862001520

RECEIVED  
CENTRAL FAX CENTER

NOV 03 2006

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:


The practitioners have been discharged by the client. The client has requested transfer to new counsel.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
 2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Adriane M. Antler, Ph.D. Jones Day		
Address	222 East 41 <sup>st</sup> Street		
City	New York	State	NY
Country	USA	Zip	10017-8702
Telephone	212/326-3939	Email	
Signature			
Name	Michael R. Ward	Registration No.	38,651
Date	November 3, 2006	Telephone No.	(415) 268-6237

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 3, 2006

Signature: 

LILIA OLSEN

SF-2211320